

**MULTIMEDIA SCREENING CHECKLIST:****Air, Water, Industrial Waste, Underground Storage Tanks and
Toxic Release Inventory**

State Form 50865 (R2 / 4-05)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

**INDIANA DEPARTMENT OF ENVIRONMENTAL
MANAGEMENT**

Indiana Government Center-North

100 N. Senate Ave.

Indianapolis, IN 46204

Telephone: (317) 232-8603 or

Toll Free: 1-800-451-6027 (within Indiana)

<http://www.IN.gov/idem/>**Please Print Legibly or Type****SECTION 1: GENERAL INFORMATION**

Facility Name:

Facility Contact:

SIC Codes for Facility (*Primary and Others*):

Description of Major Processes:

Inspector:

Date of Inspection:

SECTION 2: AIR OBSERVATIONS

- ☐ Observations for this section of MM screening checklist completed.
- ☐ This section of MM screening checklist not completed.
- ☐ Refer to regular single-media inspection report or inspection summary letter.

1. ☐ YES ☐ NO**Are there any visible emissions (*except steam*) from any stack or vent?**If YES, identify process, vent or stack, description of emissions (*color, duration, constant vs. intermittent*), time, and weather conditions (*e.g. wind direction*).2. ☐ YES ☐ NO**Is there any activity generating dust?**If YES, identify if dust was seen crossing the property lines, identify the source of the emissions, description of emissions (*color, duration, constant vs. intermittent*), time, and weather conditions (*e.g. wind direction*).3. ☐ YES ☐ NO**Is there any evidence of open burning?**

If YES, describe if burning is/is not occurring at the time of the inspection and describe materials and amounts burned.

4. ☐ YES ☐ NO
☐ N/A**Are solvent container(s) closed when not in use?**If NO, describe containers and location (*e.g. booth number, department, etc*).5. ☐ YES ☐ NO
☐ N/A**Are filters securely in place when spray booth(s) are in operation?**If NO, describe problems with filters (*e.g. no filters, sagging filters, torn, etc*) and describe location or identification of the spray booth (*e.g. booth number or department*).

SECTION 3: WASTEWATER OBSERVATIONS

- ☐ Observations for this section of MM screening checklist completed.
- ☐ This section of MM screening checklist not completed.
- ☐ Refer to regular single-media inspection report or inspection summary letter.

Are any industrial process wastewaters being generated at this facility?

If YES, specify:

Description of wastewaters:

1. ☐ YES ☐ NO**Does any process wastewater discharge to a POTW collection system (i.e. sewer)?**

If YES, specify:

Does the facility have a wastewater/industrial user permit?

☐ YES ☐ NO2. ☐ YES ☐ NO**Does the facility have a direct discharge (from industrial process, industrial wastewater treatment or non-contact cooling water) to a receiving water near the facility?**

If YES, specify:

A) Does the facility have a NPDES Permit? ☐ YES ☐ NO

B) Is the receiving water being impacted (e.g. discoloration of water/sediment/soils, foaming appearance, oily sheen, solids, floatables, odor, etc.)?

☐ YES ☐ NO☐ UNABLE TO DETERMINE BECAUSE:

If YES, describe the impact:

3. ☐ YES ☐ NO

DOCUMENT WITH A PHOTOGRAPH.

Was any indication observed that process materials such as cleaners, solvents, paints, lubricants, etc. are escaping through floor drains?

If YES, specify:

Description of materials:

4. ☐ YES ☐ NO

SECTION 4: STORM WATER OBSERVATIONS

- ☐ Observations for this section of MM screening checklist completed.
- ☐ This section of MM screening checklist not completed.
- ☐ Refer to regular single-media inspection report or inspection summary letter.

Do the facility's SIC codes require application for Rule 6 permit coverage pursuant to 327 IAC 15-6 (*Storm Water Associated With Industrial Activity*)?

If YES, specify:

A) Has the facility applied for Rule 6-permit coverage? ☐ YES ☐ NO

B) Has the facility prepared a Storm Water Pollution Prevention Plan pursuant to Rule 6? ☐ YES ☐ NO

1. ☐ YES ☐ NO

Regulated Industrial Activity Categories		Regulated Industrial Activity Categories	
SIC Code*	Activity Description	SIC Code*	Activity Description
10xx	Metal mining	33xx	Primary metal industries
13xx	Oil and gas extraction	34xx	Fabricated metal products
14xx	Nonmetallic minerals, except fuels	35xx	Industrial machinery and equipment
20xx	Food and kindred products	36xx	Electronic & other electric equipment
21xx	Tobacco products	37xx	Transportation equipment
22xx	Textile mill products	38xx	Instruments and related products
23xx	Apparel and other textile products	39xx	Miscellaneous manufacturing industries
24xx	Lumber and wood products	40xx	Railroad transportation
25xx	Furniture and fixtures	41xx	Local & interurban passenger transit
26xx	Paper and allied products	42xx	Trucking and warehousing
27xx	Printing and publishing	43xx	United States Postal Service
28xx	Chemicals and allied products	44xx	Water transportation
29xx	Petroleum and coal products	45xx	Transportation by air
30xx	Rubber & miscellaneous plastic products	5015	Motor vehicle parts, used
31xx	Leather & leather products	5093	Scrap and waste materials
32xx	Stone, clay, and glass products	5541	Gasoline service stations**

*Although the actual SIC Code is a four-digit number, Rule 6 regulates the primary category group (i.e., the first two digits of the SIC Code) in many cases

**Only gasoline service stations that act as truck stops or plazas and have on-site vehicle maintenance activities are potentially regulated under Rule 6.

In addition to SIC Code designation, several narrative categories of industrial activities are also potentially regulated under Rule 6. These narrative categories include: (1) hazardous waste treatment, storage, or disposal facilities; (2) landfills, land application sites, open dumps, and transfer stations; (3) steam electric power generating facilities; (4) wastewater treatment plants with a design flow of 1,000,000 gallons per day or more that are not in an MS4 regulated by 327 IAC 15-13; and (5) agricultural chemical fertilizer and pesticide distribution facilities meeting certain storage thresholds and upon referral by the OISC.

Does the facility have any ongoing or proposed land disturbing activities greater than or equal to one (1) acre?

If YES, specify:

A) Has the facility applied for Rule 5 permit coverage under 327 IAC 15-5 (*Storm Water Associated With Construction Activity*)? ☐ YES ☐ NO

B) Were any signs of erosion or off-site sedimentation into waters of the state from construction sites observed? ☐ YES ☐ NO

2. ☐ YES ☐ NO

Describe the general appearance (i.e. foam, oily sheen, solids and floatable, color or odor) of any observed discharge of storm water.

3.

DOCUMENT WITH A PHOTOGRAPH

SECTION 5: DRINKING WATER OBSERVATIONS

- ☐ Observations for this section of MM screening checklist completed.
- ☐ This section of MM screening checklist not completed.
- ☐ Refer to regular single-media inspection report or inspection summary letter.

1. ☐ YES ☐ NO

Is the facility's drinking water (*drinking water, showers, cafeteria, etc.*) supplied by a municipal (*public or private*) water system?

If YES, then do not fill out rest of this section.

- A) If NO, does the facility have its own drinking water system for employees (*drinking water, showers, cafeteria, etc.*) ☐ YES ☐ NO
- B) If answer to 1.A is YES, is the source of the water supply surface water or ground water? ☐ Surface ☐ Ground
- C) If more than 25 employees, verified that they have a PWSID #? ☐ YES ☐ NO

2. ☐ YES ☐ NO

If the facility is a public water supply and has a PWSID #, is the well head on-site?

- A) If YES, was the well head area observed? ☐ YES ☐ NO
- B) If answer to 2.A is YES, was the area within a 200-foot radius of the well head free of visible contamination sources? ☐ YES ☐ NO
- C) If answer to 2.B is NO, please describe: dd

DOCUMENT WITH A PHOTOGRAPH

SECTION 6: INDUSTRIAL WASTE OBSERVATIONS

- ☐ Observations for this section of MM screening checklist completed.
- ☐ This section of MM screening checklist not completed.
- ☐ Refer to regular single-media inspection report or inspection summary letter.

1. ☐ YES ☐ NO

Was evidence observed of waste being released to the environment or disposed on-site? (*waste piles, excavations, releases, etc.*)

If YES, please indicate:

- A) Nature of evidence:
- B) Waste description:
- C) Source of the waste:
- D) Dimensions of the area:

DOCUMENT WITH A PHOTOGRAPH

SECTION 7: UNDERGROUND STORAGE TANK OBSERVATIONS

- ☐ Observations for this section of MM screening checklist completed.
- ☐ This section of MM screening checklist not completed.
- ☐ Refer to regular single-media inspection report or inspection summary letter.

1. ☐ YES ☐ NO

Are there any underground storage tanks on-site that have not been registered with IDEM and contain petroleum* or a hazardous substance?

If YES, please indicate:

- A) How many?:
- B) List materials stored in the USTs:

* Tanks storing fuel for heating are exempt.

SECTION 8: TOXIC RELEASE INVENTORY OBSERVATIONS

- ☐ Observations for this section of MM screening checklist completed.
- ☐ This section of MM screening checklist not completed.
- ☐ Refer to regular single-media inspection report or inspection summary letter.

1. ☐ YES ☐ NO**Are you currently reporting to the Toxic Release Inventory (reports due July 1)?****Note: If answer to Question 1 is YES, then do not fill out rest of this section.**2. ☐ YES ☐ NO**If answer to Question 1 is NO, then do you have 10 or more employees including office staff?**3. **If answer to question 2 is YES, then are you a member of any of the following Standard Industrial Classifications?**

Check if Member of SIC Group	SIC Category (2 digit)	Standard Industrial Description	Check if Member of SIC Group	SIC Category (2 digit)	Standard Industrial Description
<input type="checkbox"/>	10	Metal Mining	<input type="checkbox"/>	31	Leather and Leather Products
<input type="checkbox"/>	12	Coal Mining	<input type="checkbox"/>	32	Stone, Clay, Glass and Concrete Products
<input type="checkbox"/>	20	Food and Kindred Products	<input type="checkbox"/>	33	Primary Metal Industries
<input type="checkbox"/>	21	Tobacco Products	<input type="checkbox"/>	34	Fabricated Metal Products, except Machinery and Transportation Equipment
<input type="checkbox"/>	22	Textile Mill Products	<input type="checkbox"/>	35	Industrial and Commercial Machinery and Computer Equipment
<input type="checkbox"/>	23	Apparel and Other Finished Products made from Fabrics and Other Similar Materials	<input type="checkbox"/>	36	Electronic and Other Electrical Equipment and Components
<input type="checkbox"/>	24	Lumber and Wood Products	<input type="checkbox"/>	37	Transportation Equipment
<input type="checkbox"/>	25	Furniture and Fixtures	<input type="checkbox"/>	38	Measuring, Analyzing and Controlling Instruments; Photographic, Medical & Optical Goods; Watches, Clock
<input type="checkbox"/>	26	Paper and Allied Products	<input type="checkbox"/>	39	Miscellaneous Manufacturing Industries
<input type="checkbox"/>	27	Printing, Publishing, and Allied Products	<input type="checkbox"/>	49	Electric, Gas and Sanitary Service
<input type="checkbox"/>	28	Chemicals and Allied Products	<input type="checkbox"/>	51	Wholesale Trade-Non-durable Goods
<input type="checkbox"/>	29	Petroleum Refining and Related Industries (Coal Products)	<input type="checkbox"/>	73	Business Services
<input type="checkbox"/>	30	Rubber and Miscellaneous Plastics Products	<input type="checkbox"/>	NA	None of the Above

Note: if answer to Question 1 is NO and YES to Questions 2 and 3, please forward a copy of completed multimedia inspection form to OPPTA.

ADDITIONAL COMMENTS**RECOMMENDATIONS FOR FOLLOW-UP**

